



LEAGUE OF CONSERVATION VOTERS

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

2006 OCT 31 A 7:03

Attn: Christopher Whyrick  
From: Barbara McIntosh  
Date: 10/30/2006

1920 L Street, NW  
Suite 600  
Washington, DC  
20036  
202-765-8993  
Fax: 202-335-0481  
E-mail: lcv@lcv.org  
Web: www.lcv.org

At your request, we are faxing this report as we are getting uncorrectable error messages off the FEC e-filing (web) system.

26039261727

FEC FORM 5

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RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

# Federal Election Commission

2006 OCT 31 A 7:03

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

**BADFORMAT No data received**

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**RETURN TO: FORM 5 SIGN IN**

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## FEC FORM 5

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

**1. (a) Name of Individual, Organization or Corporation \***

LEAGUE OF CONSERVATION VOTERS INC

**(b) Address (number and street)\* ☐ check if different than previously reported**

1920 L STREET NW #800

**(c) City**

WASHINGTON

**State**

Dist of Columbia

**Zip Code**

20036

**2. Corporate filers only**

Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

**Individual filers only**

Name of Employer

Occupation

**3. FEC Identification Number** ☒ 00005785

**4. TYPE OF REPORT (check appropriate boxes)**

**Report Type:**

☒ 24-Hour Report

Is this report an amendment? ☐ Yes ☒ No

If report is an amendment, please provide the Report ID of the original report and Amendment Number of this amendment in the boxes given below. Click the "Report ID Lookup" link below to find the Report ID for original report.\*

[Report ID Lookup](#)

Original Report ID FEC-  Amendment Number  (e.g. 1, 2, 3...etc.)

**5. Covering Period** 10/28/2006 (mm/dd/yyyy) through 10/30/2006 (mm/dd/yyyy)

**6. TOTAL CONTRIBUTIONS**

\$0.00

**7. TOTAL INDEPENDENT EXPENDITURES**

\$11275.60

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

[Add Schedule 5-A](#)

TOTAL This Period  
(last page carry total to Line 6)

\$0.00

[Back to TOP](#)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

[Add Schedule 5-E](#)

Independent Expenditure #1.

Delete Record

Entity Type of Payee\*

Individual (a person)

Name of Payee \*

Organization Name			
-or-			
Last Name	Geda	First Name	Ady
Middle Name		Prefix	Suffix

Date of Independent Expenditure\*

10/26/2006 (mm/dd/yyyy)

Amount \*

\$200.00

Mailing Address of Payee

3170 Solar Blvd.

City State Zip  
Billings Montana 59102

Purpose of Disbursement (Including title(s) of communication(s)) \*

canvasser - payment for services

Category / Type \*

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

136893.35

Name of Federal Candidate

Jon Tester

Disbursement/Obligation For

General

Office Sought

☐ House

☒ Senate

☐ President

Check one:

☒ Support ☐ Oppose

District

State Montana

Independent Expenditure #2.

Delete Record

Entity Type of Payee\*

Individual (a person)

Name of Payee \*

Organization Name			
-or-			
Last Name	Carroll	First Name	Mary Ann
Middle Name		Prefix	Suffix

Date of Independent Expenditure\*

10/25/2006 (mm/dd/yyyy)

Amount \*

\$25.00

Mailing Address of Payee

229 Avenue B

City State Zip  
Billings Montana 59101

Purpose of Disbursement (Including title(s) of communication(s)) \*

canvasser - payment for services

Office Sought

FEC FORM 5

Page 3 of 6

## Category / Type \*

Administrative/Salary/Overhead Expenses

## Calendar Year-To-Date Per Election for Office Sought

137093.35

## Name of Federal Candidate

Jon Tester

## Disbursement/Obligation For

General

☐ House☒ Senate☐ President

Check one :

☒ Support ☐ Oppose

District

State Montana

[Delete Record](#)

## Independent Expenditure #3.

## Entity Type of Payee\*

Individual (a person)

## Name of Payee \*

Organization

Name

-or-

Last Name Hopner

First Name Ellis

Middle

Name

Prefix

Suffix

## Date of Independent Expenditure\*

10/25/2006 (mm/dd/yyyy)

## Amount \*

\$25.00

## Mailing Address of Payee

821 N. 27th St. Ste. 233

City

Billings

State

Montana

Zip

59101

## Purpose of Disbursement (Including title(s) of communication(s)) \*

canvasser - payment for services

## Category / Type \*

Administrative/Salary/Overhead Expenses

## Calendar Year-To-Date Per Election for Office Sought

137118.35

## Name of Federal Candidate

Jon Tester

## Disbursement/Obligation For

General

## Office Sought

☐ House☒ Senate☐ President

Check one :

☒ Support ☐ Oppose

District

State Montana

[Delete Record](#)

## Independent Expenditure #4.

## Entity Type of Payee\*

Individual (a person)

## Name of Payee \*

Organization

Name

-or-

Last Name Bustell

First Name Andrew

Middle

Prefix

Suffix

## Date of Independent Expenditure\*

10/26/2006 (mm/dd/yyyy)

## Amount \*

\$100.00

Name

Mailing Address of Payee

3455 Wasco

City State Zip  
Billings Montana 59105

Purpose of Disbursement (Including title(s) of communication(s)) \*

canvasser - payment for services

Category / Type \*

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

137143.35

Name of Federal Candidate

Jon Tester

Disbursement/Obligation For

General

Office Sought

☐ House

☒ Senate

☐ President

Check one :

☒ Support ☐ Oppose

District

State Montana

Delete Record

Independent Expenditure #5.

Entity Type of Payee\*

Organization (not a committee and not a person)

Name of Payee \*

Organization Name Montana Conservation Voters  
-or-  
Last Name First Name  
Middle Name Prefix Suffix

Date of Independent Expenditure\*

10/30/2006 (mm/dd/yyyy)

Amount \*

\$750.00

Mailing Address of Payee

Box 63

City State Zip  
Billings Montana 59103

Purpose of Disbursement (Including title(s) of communication(s)) \*

temp field office rent

Category / Type \*

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

137243.35

Name of Federal Candidate

Jon Tester

Disbursement/Obligation For

General

Office Sought

☐ House

☒ Senate

☐ President

Check one :

☒ Support ☐ Oppose

District

State Montana

Independent Expenditure #6.

[Delete Record](#)

Entity Type of Payee\*

Organization (not a committee and not a person)

Name of Payee \*

Organization Name				
GROUP SJR				
-or-				
Last Name		First Name		
Middle Name	Prefix	Suffix		

Date of Independent Expenditure\*

10/30/2006 (mm/dd/yyyy)

Amount \*

\$10175.60

Mailing Address of Payee

919 Third Avenue, 39th Flr

City	State	Zip
New York	New York	10022

Purpose of Disbursement (Including title(s) of communication(s)) \*

advertising and polling costs

Category / Type \*

Campaign Materials

Calendar Year-To-Date Per Election for Office Sought

137993.35

Name of Federal Candidate

Jon Tester

Disbursement/Obligation For

General

Office Sought

☐ House

☒ Senate

☐ President

Check one:

☒ Support ☐ Oppose

District

State Montana

TOTAL Independent Expenditures

(last page carry total to Line 7)

\$11275.60

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM\*

Barbara McIntosh

DATE \*

10/30/2006 (mm/dd/yyyy)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463

Toll Free 800-424-9530, Local 202-694-1100

FEC Form 5 (Rev. 09/2005)

Check for Validation Errors

[Check](#) [HELP](#)

28039261734



Federal Election Commission  
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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<input checked="" type="checkbox"/> Other (Specify): <i>FAX Rec'd from RAN</i>	Date of Receipt or Postmarked <i>10/30/06</i>
<i>SR</i>	<i>10/31/06</i>
PREPARER	DATE PREPARED